

12 CV 05996

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKPlease send
confirmation of
this document
Bullock R. P. 50RASMAN Bullock
PRO-SE

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)B.O.C. EXEC DIR WOLF, T. RICHARD
D.O.C. COMMISSIONER D. SCHENK
CORRECTION OFFICERS JOHN DOE
1-100

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

RECEIVED
SDNY PRO SE OFFICE
2012 AUG - 1 P 3:00

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name RASMAN Bullock
ID # 9800800840
Current Institution GRVC
Address 09-09 Hazen St
East Elmhurst N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name B.O.C. EXEC DIR WOLF ET AL Shield #
Where Currently Employed UNKNOWN / B.O.C
Address UNKNOWN

Defendant No. 2 Name See Above Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name See Above Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name See Above Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name See Above Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
GRUC

B. Where in the institution did the events giving rise to your claim(s) occur?
Housing area 2B-

C. What date and approximate time did the events giving rise to your claim(s) occur?
From July -16-2011 till present

D. Facts: I Am Denied Food That's given D.O.C
to give me - I Am told we have no food for
you - or I'm giving spoiled food or contaminated
Food - only because C.O's/John Does (1-100)
eat my food or give it to other inmates or
throws it in the trash. From approx 7/16/2011 till present
All the Floor officers And escorts & ABC officers
conspire to make me Sick or starve me just
to feed them selves And then IN retaliation for
Reporting whats happening - This is just a glimpse
of the torture I am subjected to due
to my protective conduct - my mail is always
tampered or played messed with - And the
officers employ inmates to help them cover
up their criminal activities - And the officers
make false documents under the corrections
seal to further cover up stuff. the officers
take my food off camera & contaminate it And
these things were especially bad on the 7 AM - 3 PM
feed (lunch time) by the Sheriff officer who tells
officers to do the BAD stuff to me also - the
officers put food on the table out of sight - when its taken

III. Injuries: Done in front of CPSU inmates and says this year they
don't give him no other - And I've learned I get sick
If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if
any, you required and received. I've been Sick with the severe
Stomach - Kidneys - Liver etc - (internal pain)
that leaves me crying & curled up for days - throwing
up - Blood & food - I've found glass - doo-doo,
& other just like chopped up Rocks & the smell
of rotting flesh like a dead mouse - Bad Heart
Pains - chest pains - Dizziness cause I don't eat for days
out of fear or force - I've also been extorted & Brutalised
because I reported this is a small glimpse

IV. Exhaustion of Administrative Remedies.

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

GRUC From around this time
FRAME

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

I wrote it out & gave it to officers then called
it in to B.O.C and B.O.C
1. Which claim(s) in this complaint did you grieve? All

2. What was the result, if any? Nothing that I can see
changed or was done differently

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Call B.O.C repeatedly
I kept giving the way the food
situation with me is handled

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any:

I Also informed
every Officer whether warden-ADW
Dup- Capt- etc that I seen
Along with the grievances

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Five weeks Numerous emails
But D.C.C. Plays with my mail so it
times it don't get mailed or given to me
I have complaints about these two officers
who have been playing with my mail
to out gay since 09- RENTAS & Acedia
they are escorts & they beat me up on
extractions may 27 2012, and 4-1-12

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

move me to A wheel chair
Facility & Do some thing to see to it
that these officers in Rikers Do not
Do to others or me what they've
been doing to me for 4 years
straight to others longer - And I want
charges brought against those closely
associated with the continued criminal
activities - And I am seeking Damages

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Same

Defendants Same

2. Court (if federal court, name the district; if state court, name the county) SDNY

3. Docket or Index number one known at this time

4. Name of Judge assigned to your case un aware

5. Approximate date of filing lawsuit late 12/2009

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Still pending

Note: D.O.C. plays with my communication with the outside world

Just why I am being on per diem facts

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☒ No ☐

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Same

Defendants Same

2. Court (if federal court, name the district; if state court, name the county) SDNY

3. Docket or Index number un known

4. Name of Judge assigned to your case un known

5. Approximate date of filing lawsuit un known

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Still pending

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20th day of July, 2012

Signature of Plaintiff

Inmate Number

Institution Address

Bullack, R
9800800840
09-09-Harbor St
East Elmhurst N.Y.

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 20th day of July, 2012, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Bullack, R PRO-SE
[Signature]

Bullock - vk
9800800840
Rivers Zshac



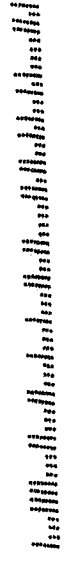
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500 Pearl St ^{Room} 230
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